

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) NextGen Climate Action Committee | | FEC IDENTIFICATION NUMBER ▼ C C00547349 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|---|-------------------------------------|
| Full Name of Payee Wildfire Contact LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2016 | |
| Mailing Address 400 E Court Ave Ste 126 | | Amount 5521.45 | |
| City Des Moines | State IA | Zip Code 50309-2000 | Transaction ID : VNTPK9THWT2 |
| Purpose of Expenditure Printing - Estimate | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY | |
| Name of Federal Candidate Donald J. Trump | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

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|---|-------------------|---|-------------------------------------|
| Full Name of Payee Wildfire Contact LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016 | |
| Mailing Address 400 E Court Ave Ste 126 | | Amount 1778.13 | |
| City Des Moines | State IA | Zip Code 50309-2000 | Transaction ID : VNTPK9THWV0 |
| Purpose of Expenditure Printing - Estimate | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY | |
| Name of Federal Candidate Donald J. Trump | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7299.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2016

Signature